The Irish Abortion Review shows How Deranged Our Nation has Become

by Jeremy James

Abortion is an extremely difficult topic to discuss. In normal conversation we expect the various participants to respect – unreservedly – the dignity of human life. It is one of the shared assumptions that make rational discourse possible. Where abortion is concerned, however, the principle itself is under attack. One of the most cherished and most fundamental pillars of our civilization is discarded by at least one party and everyone else is expected – perversely – to debate with that person as though he or she was still 'normal'.

The word *normal* refers to the existence of norms or values which the members of society all share. It is the acceptance of these shared values that makes us 'normal'. Some members adhere more strongly than others to many of these norms, but they all recognize and accept their validity.

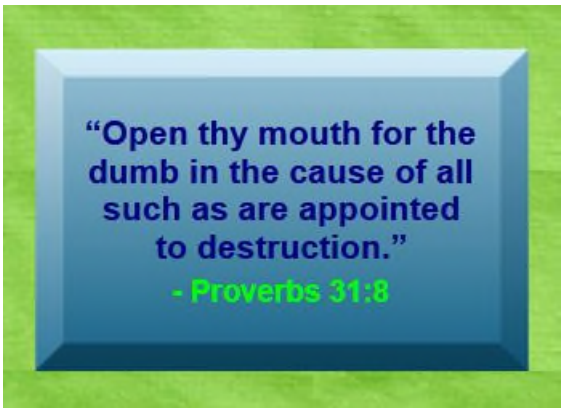
Respect for human life is such a basic norm that it is very difficult to see how any society can survive and thrive if a large proportion of its members no longer accept it.

When a society ceases to be normal it tries to rationalize its behavior. Its leaders orchestrate a variety of charades to dampen any lingering resistance. They proclaim the *new normal* with lofty statements extolling a more enlightened approach to moral issues. These cynical exercises are usually bolstered by glowing reviews in the media and by scholarly reports which profess to show how much "progress" has been made.

Sanitizing a violent death

It is hard to make a system for killing unborn children appear respectable. The language used to describe it must draw heavily on the soothing and neutral terminology of medicine, healthcare, statistics, legal distinctions, and lifestyle choices. Don't mention the blood, the torn body-parts, or the mechanics of mutilation. Don't mention, either, the blighted lives of mothers too programmed by liberal ideology to see that they are voluntarily killing their own children or that the tiny boy or girl on the ultrasound scanner – their own son or daughter – has only a few hours to live.

One such report was published on 26 April, 2023: ***The Independent Review of the Operation of the Health (Regulation of Termination of Pregnancy) Act 2018.*** It was commissioned by the Department of Health pursuant to *section 7* of the Act which obliges the Minister, not later than three years after the commencement of the section, to carry out a review of the operation of the Act. The first phase of the review, in which information and evidence on the effectiveness and operation of the Act was collected from women who used the service, the health professionals who provide the service, as well as members of the public, began in 2021. The latter included organizations, stakeholders, and advocacy groups dealing with abortion-related issues. The second phase of the review was led by an independent chair – a barrister-at-law appointed by the Minister for Health – who had the task of analysing the information gathered in the first phase and assessing the extent to which the objectives of the Act had been achieved.



We are including this information to show that the review had a statutory basis, that it had the full backing of the government, that it collected a very substantial body of data about the operation of the Act, and that it was meant to be independent. Its recommendations would be expected, therefore, to carry great weight and to result in further statutory changes.

The macabre use of the term *healthcare*

Perhaps the most unsettling aspect of the subterfuge being conducted by the state is the way it describes abortion as "healthcare." It is nothing of the kind, but by locating this "service" among other services which *are* health-related, the Government promotes the lie that it too is health-related. If the state set up a Department of Population Reduction, the national abortion system and all matters relating to the Act could be assigned to that Department.

At this point we should state that many of the issues addressed in the rest of the paper ought to be nauseating and repugnant to anyone with a conscience. It would be appropriate to preface each of them with expressions of outrage and moral condemnation, but if we did then the paper would be unbearably difficult to read.

Let's be clear from the outset – human life starts at conception. Consider Hosea 9:11 -

"As for Ephraim, their glory shall fly away like a bird, from the birth, and from the womb, and from the conception."

Since we have addressed this question in detail in earlier papers we will not explore it further in this one.

Abortion is the dark art of killing unborn children for no reason. Granted there are always difficult cases, where the welfare and corresponding modes of treatment of the mother and child are incompatible, but such cases are rare. The overwhelming majority of abortions, in Ireland and elsewhere, are terminations of convenience. The mother is healthy and the child is healthy, but for reasons that are almost impossible to comprehend, the mother decides to kill her unborn child.

To appreciate the scale of the difference between cases which merit careful reflection and those which have no justification whatever, we reproduce below the official statistics for abortions carried out under the Act in 2019 and 2020.

	Reason / Category	2019	2020
1	risk to life or health of mother	24	25
2	condition likely to lead to the death of the unborn child	100	97
3	"early pregnancy"	6542	6455
	TOTAL	6666	6577

Categories 1 and 2 in total comprise 246 for the two years in question, while the total in category 3 is 12,997. Of the overall total (13,243), categories 1 and 2 comprise a mere 1.86 percent. This means that over 98 percent of all abortions in Ireland are solely for convenience.

This is not healthcare. It could more properly be described as criminal contraception, population reduction, chemical execution, or unlawful killing. For every child who died "for a valid medical reason" (if that is even the case), 50 died for no reason whatever.

This is not the behavior of a sane society.

The disturbing world of systemic "termination"

We'll now look at some of the bizarre reasoning on display throughout the length and breadth of the Review, virtually all of which is a direct product, not of the author, but of the strange world enabled by the Act, where medicine and murder are intermingled, where a "successful" outcome is a dead child, where the father and siblings of the victim are forgotten, where the evident humanity of the victim is never acknowledged, where public funds are used to facilitate the "termination" of unborn children, where the perpetrators can hide or deny their involvement, and where any criticism of this fraudulent form of medicine is carefully censored or characterized as an act of intimidation or coercion.

There are 19 maternity units or hospitals in Ireland, 11 of which perform abortions. Perversely, some women arrive at these facilities to give birth to a child, while others arrive to have their child "terminated." They might pass each other in the corridor. A medical professional who assisted at the birth of a child may "terminate" another a short time later. The ethos of these institutions has been utterly overturned. The introduction of random inexplicable killing has shattered completely the longstanding, unconditional commitment to preserve life.

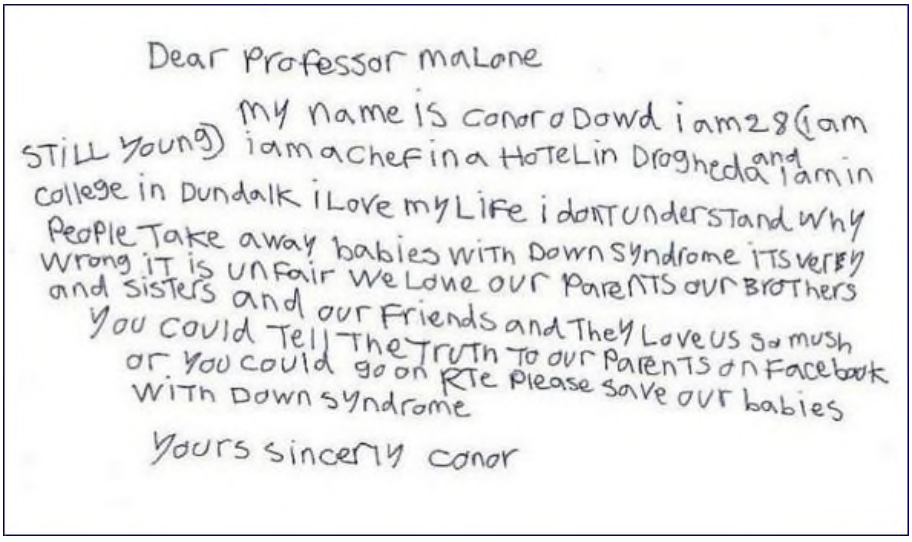
If one wanted a definition of Satanism, this is it.

The purpose of the Review

The purpose of the Review is to see how well the Act is achieving its objectives. Since its main objective is to facilitate the killing of unborn children, the main criterion of "success" therefore is whether or not the number being killed continues to increase. Of course this is not stated explicitly but is easily inferred from the general tone of the Review and, in particular, from its remarkable failure to interview or survey anyone who was adversely affected by the Act. The Review, in the main, is a stakeholders' report, a mouthpiece for abortion advocates, and a vehicle by which the government can further liberalize the abortion regime in Ireland.

Take the case of Conor O'Dowd, aged 28, who presented a letter to the Master of the Rotunda Hospital, Professor Malone, on 30 December 2022. He also read out its contents before the camera (See his letter below). Conor, who has Down syndrome, was pleading on behalf of others with his condition. He said it was very wrong and unfair that the Act should be used to terminate unborn children with the syndrome.

"Please save our babies with Down Syndrome."
Conor O'Dowd pleads on behalf of unborn children with Down syndrome.


Dear Professor Malone

my name is Conor O Dowd i am 28 (i am STILL young) i am a Chef in a Hotel in Drogheda and i am in college in Dundalk i Love my Life i don't understand why People Take away babies with Down Syndrome its very Wrong it is unFair We Love our Parents our Brothers and Sisters and our Friends and They Love us so mush you could Tell The Truth To our Parents on Facebook or you could go on RTe Please save our babies With Down syndrome

Yours sincerly Conor

Let's see what did the Review said about the selective termination of unborn children with Down Syndrome:

Screening for genetic chromosomal anomalies

Screening for genetic chromosomal anomalies can be performed by using non-invasive pre-natal tests (NIPTs) which involves only taking a blood sample from the mother to screen for certain chromosomal conditions, such as Down Syndrome (trisomy 21), Edwards Syndrome (trisomy 18) or Patau Syndrome (trisomy 13). The test can be performed from nine weeks of pregnancy and might be recommended later in the pregnancy as an adjunct to scanning if an abnormality is suspected. It does not carry the risk of miscarriage that is associated with invasive testing. Currently, NIPT is routinely available only through the private sector and accordingly has an associated cost to the parent(s). It is not available through the public health system, however, the HSE has confirmed that it may be provided in certain circumstances, when deemed clinically appropriate, and the associated costs may be absorbed by the individual hospitals.

Following a screening test result/scan indicating a high risk of a congenital abnormality, invasive diagnostic testing in the form of amniocentesis and chorion villus sampling together with other forms of genetic testing is required for diagnostic purposes. These tests are available in the public health system, when clinically indicated.

Screenshot from p.67 of the Review

As you can see, the Review simply takes for granted that in many cases an unborn child who has been diagnosed with Down syndrome will be aborted (It would appear that 95 percent of mothers who are expecting a Down syndrome child will take this route).

From *childinthewomb.com* (27 March 2018)

The issue raised by Conor was not addressed and the cohort of people whom he represented was ignored. One must question the adequacy and independence of a review which can omit all reference to a matter of great concern to many Irish parents of children with disabilities. The matter is also of great concern to those in our society who understand how easily abortion laws can be used to facilitate the goals of eugenics.

"...the serpent was more subtle than any beast of the field..."
Genesis 3:1

The 3-day waiting period

One of the most disturbing instances of bias in the Review relates to the 3-day waiting period. A woman who attends a consultation with a qualified medical practitioner to discuss her planned abortion is required under the Act to attend a second consultation three days later. This short interval is designed to ensure that the woman, who is now in possession of the necessary facts, has an opportunity to reflect carefully on the step she is about to take.

Discussing the operation of this provision, the Review states:

> Section 11.4.7: Women not proceeding to the second appointment
> Data shows that a small percentage of women do not proceed beyond the first consultation with the GP. In 2019 study over six months, looking at 475 women who presented at the first consultation, 11 (2%) did not return for the second visit. The reasons are not ascertained. Potentially, they may have changed their minds, they may have spontaneously miscarried, they may have presented at another provider and commenced the process again, they may have travelled abroad to procure an abortion, or they may even have illegally procured abortifacient medication to self-manage their own abortion. Further research, preferably in the form of a national data collection framework, is required to obtain a better understanding of the reasons why some women are not attending at second appointments.

The Review fails to specify the source of the report which alleged that only 2 percent of women did not return for the second consultation. Given that this question is critical to the accuracy of the Review and its assessment of the Act, it is hard to understand why the Chair did not seek additional data but chose instead to indulge in uninformed speculation. Had the Review pursued this matter further it would have found that the 2 percent figure was a gross underestimate. If the Chair had looked at other reports relating to attendance at the second consultation, she would have found that the 'no show' figure was at least 10-12 percent. In fact, had the Review examined the national statistics compiled by the HSE (Health Service Executive) it would have learned that the actual 'no show' rate was 20 percent!

This data is highly reliable since it is based on payment claims submitted to the HSE by medical professionals and includes a unique identifier (PPS number) for each patient.

The data shows that one woman in five, having intended to abort her unborn child, did not do so once she had an opportunity to reflect more carefully on her decision. The 3-day waiting period proved to be highly significant, and yet the Review failed to see this. This should have been a headline finding, but due to a serious oversight it was largely ignored.

The Review greatly compounds this failure by calling for the abolition of the mandatory 3-day waiting period:

> "The mandatory waiting period can impose a physical and psychological burden on women." (p.13);
>
> "It is recommended that the section be amended to substitute the mandatory three-day waiting period with a mandatory obligation on medical practitioners to advise the pregnant woman that she has a statutory right to a reflection period, which she may exercise, at her own discretion." (p.24-25)

It is hard to make sense of this recommendation. It would appear to grant a woman a right she already has.

Given the bizarre way the 3-day waiting period is handled in the Review – the failure to cite research sources, the failure to consult data already available, the failure to identify the issue as one of considerable importance, and the call to remove the waiting period without properly determining its impact on the operation of the Act – the Minister for Health should have rejected the report as submitted and directed the Chair to rectify these defects.

As Niamh Uí Bhriain stated in her article in *Gript.ie* on 4 May, "Ignoring the most relevant data on the 3-day wait is a fatal flaw in the Abortion Review."

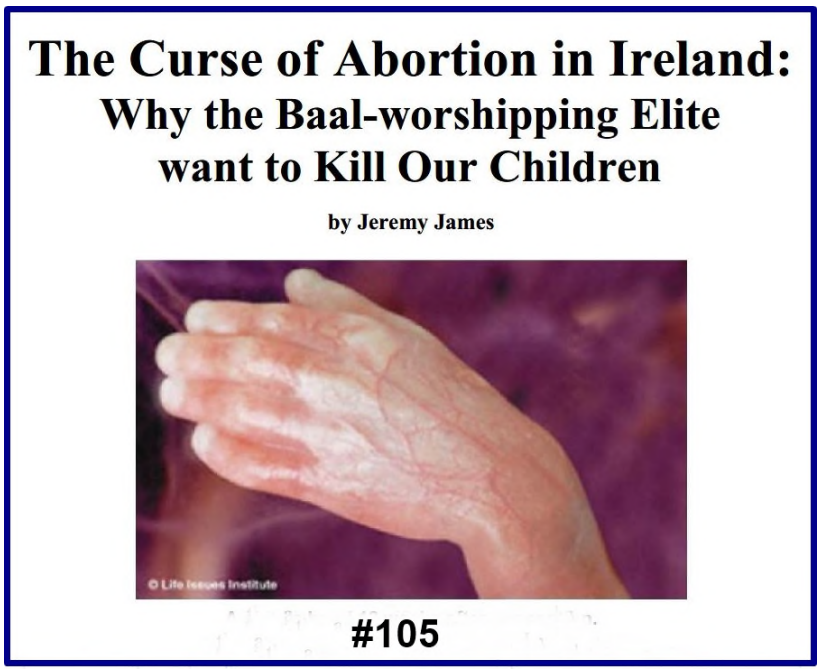
HSE data shows that the waiting period saves lives

According to the HSE data, in the period 2019-2022 some 4,000 women, having attended the first consultation, did not return for the second. Why did these woman not proceed with the abortion? The 3-day waiting period saved thousands of lives and yet NONE of them were interviewed by the Review team or the HSE!

Surely it is the purpose of the state to protect and preserve as many lives as possible? Apparently not. Under the current Marxist regime, the Act is being applied in such a way as to maximize the number of unborn children who are routinely killed. Speaking on national radio in April, 2023, the Minister for Health announced with evident satisfaction that the number of abortions in 2022 (8,500) was more than 25 percent higher than the number in 2021 (6,700). Clearly the advertising campaign to promote abortion, which his Department is funding, is bearing results.

A wicked system run by wicked people

This not something one would expect in a normal society, but it is fully consistent with the goals of Marxism and the spiritual values on which it is based, namely those of paganism. Governments decide who lives and who dies, not God. The men and women in Dáil Eireann are, with only a few exceptions, lifelong supporters of this vile philosophy, just like their parents and grandparents before them. The cult of Baal now rules the island of Ireland, and since Baal (or Moloch) demands payment in blood, preferably the blood of a child, the fraudulent medical practice known as "termination of pregnancy" will continue to receive the Government's unstinting support.



The media are part of this ghastly deception, mocking those who oppose abortion, misrepresenting their views, mischaracterizing their actions, ignoring their arguments (including hard data), and providing an open platform where pro-abortionists can rant and chant without any fear of being challenged.

The principal remaining hope for those who oppose abortion was the inclusion in the Act of a section providing for an independent review. However, the Review ignored the real issues and concentrated instead on ways to maximize abortion in Ireland, to remove certain restrictions and make the entire system more streamlined and efficient. We live in a country where it is illegal to dock a puppy dog's tail but the Government approves the killing of more than eight thousand unborn children every year. It also pays the full cost involved and even advertises the 'service' to attract more customers and create more victims.

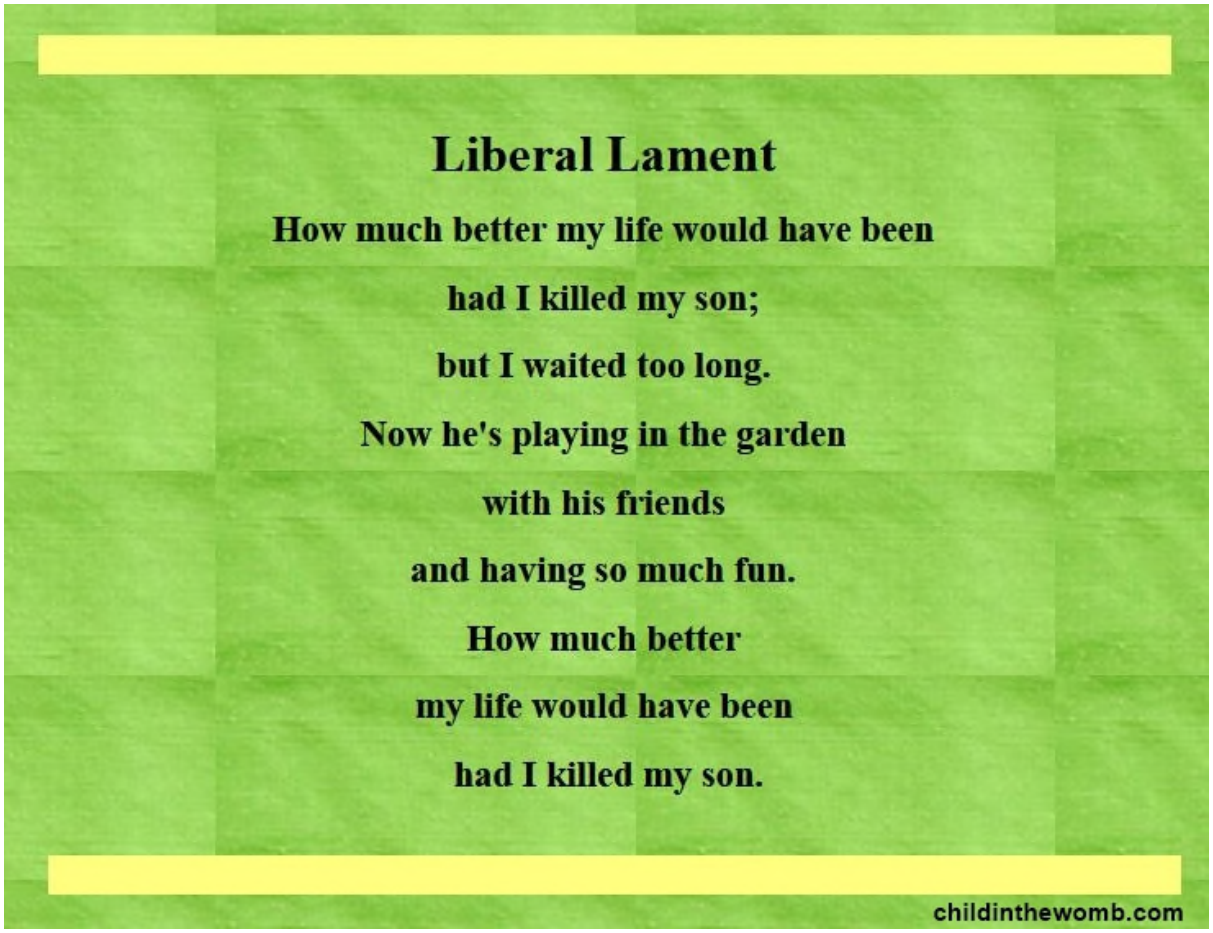
It is a wicked system run by wicked people.

They vainly imagine they can do this with impunity, but a day of reckoning awaits each of them. As the Word of God says, **"...ye have turned judgment into gall, and the fruit of righteousness into hemlock... Surely I will never forget any of their works." (Amos 6:12 and 8:7).**

The people of Ireland, too, will be held to account. When they decided by an overwhelming majority on 25 May 2018 to make it lawful to kill a certain proportion of their unborn children, they rejected the protection that God gives to *all* who keep His commandments:

"...seeing thou hast forgotten the law of thy God,
I will also forget thy children."
(Hosea 4:6)

Compare the number of abortions in Ireland in 2022 (8,500) with the number of registered births – 57,540. One child is "terminated" for every 7 who are born.



"...ye have turned judgment into gall, and the fruit of
righteousness into hemlock... (Amos 6:12)

Since the Act was passed, more than 30,000 unborn children have been "terminated." Contrast this with the huge number of 'refugees' who have been given permanent asylum in Ireland over the same period! The Government is effectively engaging in a form of ethnic replacement, where Irish children are being sacrificed to make way for foreigners.

George Soros, Klaus Schwab and the billionaire villains behind the New World Order must be pleased. Their craven puppets in the Irish political establishment are meeting their targets.

A former Ethiopian terrorist, Tedros Ghebreyesus, is now Director General of the World Health Organization. The WHO is pressing for unrestricted abortion in all countries.

Abortion review assisted by <u>abortion activists</u>

One of the most damning facts about the Review is that members of the research team which conducted Phase 1 had actively campaigned in support of abortion in 2018. The following extract from an online article by ***The Life Institute*** on 7 February 2022 shows that this was known <u>long before</u> the Review was completed:

> Yesterday, the Department of Health announced that research to "inform" the review in regard to the experiences of women who had undergone abortions would be carried out by an Associate Professor at Trinity College, Dr Catherine Conlon.
>
> Dr Conlon took part in the 2018 campaign to have abortion legalised in Ireland, speaking at events supporting repeal of the 8th amendment which protected the right to life of the unborn child.
>
> One such event was self-described as "TARTs for Repeal" – a series where "Trinity Academics for Repeal Talks" drew "on their research to support the case for Repeal of the 8th Amendment."
>
> Tampere University, where Dr Conlon spoke about repeal of the 8th in 2019, described her as a "convenor of Trinity for Yes during the 2018 referendum." She was also co-editor of Abortion Papers Ireland II in 2015.
>
> Dr Conlon's assistant in the research commissioned by the Department is Dr. Kate Antosik-Parsons, who describes herself on her website as a "reproductive rights activist and a co-convener of the Research Working Group, Dublin Bay North Repeal the 8th".

https://thelifeinstitute.net/news/2022/concern-as-research-for-abortion-review-led-by-repeal-campaigner#

As incredible as it may seem, research data that was central to the Review was collected by two abortion activists, while the Review itself was chaired by someone – Marie O'Shea, barrister-at-law – who (according to *Gript.ie*) declared her support for abortion at the time of the Referendum in 2018. In what sense, therefore, was the Review "independent"?

Were any of these facts revealed in the mainstream media? Of course not! The Irish public continues to be cajoled and manipulated by Communist rags like *The Irish Times* and *The Independent*. They work hand-in-glove with RTE, the national broadcaster, to promote government propaganda, to push for an even more liberal abortion regime, and to suppress or withhold any information that might expose the true horror of abortion. They are continually demanding that certain restrictions on abortion be removed and the Act amended accordingly. They are supported in this endeavor by the Chair of the Review who, during an Oireachtas hearing on 31 May, said, "My hope is that the review will lead to legislative change. This will require strong leadership and courage from the Government." Clearly she envisages – and supports – the significant legislative changes that critics of abortion are bound to oppose.

No mention of adoption as an alternative to "termination"

Neither the Review itself nor the proceedings of the Oireachtas debate on 31 May 2023 made any reference to adoption. Given that the review, along with the dialogue which it was intended generate, was supposed to explore the operation and implications of the Act, it is incredible that the main alternative to abortion was not even mentioned.

How is it possible that every member of an experienced, high-level research team, along with the various deputies and senators who attended the Oireachtas committee debate, could fail to mention a factor which is pertinent to any examination of abortion in our society? This omission is so egregious that one must ask whether it was deliberate? After all, the Government itself has assiduously avoided the topic for twelve years or more. We can hardly be surprised that it is now universally regarded by abortion aficionados, academics, lawyers, politicians and media gurus as a taboo subject.

Pain relief for an unborn child facing termination

A Bill to provide for "fetal-pain relief" in cases of late-term abortion was brought before the Dáil in May 2021. It was a Private Members Bill sponsored by 11 Deputies. However, an opposition motion during the Second Stage reading of the Bill on 15 December was passed by a wide margin:

> "Dáil Éireann declines to give the Health (Regulation of Termination of Pregnancy) (Fetal Pain Relief) Bill 2021 a second reading in order to allow for the review of the operation of the Health (Regulation of Termination of Pregnancy) Act 2018 to conclude and for its recommendations to be considered."

The review in question is the one we have been considering. However the Review did not address the commitment made by the Dáil on 15 December 2021.

Furthermore, the debate by the Joint Committee on Health on 31 May 2023 did not include any reference to fetal-pain relief or allude to the commitment made by the Dáil. Neither did it question the Chair as to why the matter was not addressed in her report.

Are we to conclude from this that the Minister for Health is attempting to renege on his promise to review the question of fetal pain relief?

The only part of the Review that even mentions fetal pain relief may be found in the Section of the report relating to 'Foeticide' – the full text of the section concerned (Section 10.2) may be found in **Appendix A** attached. (Foeticide is defined in the report as "a medical procedure to cease the fetal heartbeat so that the baby is not born alive.") In it the Chair says:

> The issue of whether pain relief is desirable for the foetus undergoing foeticide has been raised in the Dáil and in the Seanad. As the Chair is not a medical practitioner, this issue is not within her field of competence. However, the opinions of two fetal medicine specialists and one obstetrician were ascertained as part of the Review and their views were that the administration of pain relief was not required.

Apparently the public is asked to accept that the "views" of three medical professionals relieve the Chair of any obligation to honor the commitment made in the Dáil on 15 December 2021.

The unborn child is a person

Of the many shameful moral anomalies in the Review, one of the most perplexing relates to the personhood of the unborn child. The traditional argument made by abortionists is that the unborn child is not a person at all but a biological unit akin to a human organ. However, on several occasions the Review departs from this fiction and refers to the unborn as a baby. Yes, a baby.

At what stage during the pregnancy does a fetus become a baby? The Review does not tell us. Is it sometime after the 12-week limit for an unrestricted abortion but before the mother gives birth? Whenever it uses this word the Review is conceding that the unborn child is a baby, not just a biological unit. Here are some quotations [A complete list of all occurrences of the words "baby" or "babies" may be found in **Appendix B** attached]:

> "Palliative care (the provision of comfort care to babies born alive after termination of pregnancy):" [p.10]
>
> "In Ireland the palliative care pathway is well developed for babies who are born pre-viable or in a condition where they are expected to die shortly after birth…" [p.11]
>
> "In the main, the service is appreciated by parents who have suffered the loss of their pregnancy or baby." [p.11]
>
> "Where the termination has occurred on the grounds of risk to life or health of the pregnant woman, babies born at a viable stage of gestation are provided with life-support." [p.11]
>
> "…where it is acknowledged that their baby's health will be severely compromised and its length of life will be very short (possibly less than 28 days), but cannot be definitively determined to satisfy the legal criteria." [p.22]

"The HSE, in collaboration with relevant stakeholders, including the RCPI, should develop specific guidelines for comfort (hospice) care for the short duration of the life of babies who survive birth following a termination of pregnancy. The guidelines should be informed by the multiple stakeholders, including neonatologists, paediatricians, nurses, midwives, foetal medicine specialists and obstetricians, and, if required by lawyers who would be able to clarify the legal rights of the babies, if this were an issue, and by ethicists." [p.24]

"...there was fear that the foetus/baby in question could be "an outlier" in the sense that it could, contrary to all expectations, live for a short period beyond 28 days." [p.62]

"She was advised that the baby would not live long after being born, but as the duration of life could not be determined with sufficient clarity to satisfy *section 11*, if she chose to terminate the pregnancy, she would have to travel to England." [p.70]

"This causes additional distress on top of the existing trauma caused by learning of their baby's likely prognosis and outcome." [p.71]

"decisions regarding what to do with the baby's remains, whether to repatriate them, and if so the method of repatriation (by courier or personal collection at a later date) or have them cremated at the providing medical unit." [p.72]

"We didn't want to leave (them) behind, we didn't want to go down the cremation route. But there's nothing more horrifically surreal than being in Halfords buying a plug-in fridge for your car while your baby is kicking in your belly." [p.72]

"The nurse (when booking me in to the clinic in England) asked if we wanted to bring the baby home. ...We had to leave our baby in England and that's closure that we will never get ... and we will never be able to bury our baby because our baby is in England (upset)" [p.73]

"Palliative (perinatal hospice) care is regarded as being essential to provide comfort to babies born alive" [p.73]

"In circumstances where there is a prospect of the baby being born alive, birth without prior foeticide may be the parent's preferred option, even though it may have been recommended. The incidence of this occurring in Irish hospitals is not known to the Chair." [p.73]

"a medical procedure to cease the foetal heartbeat so that the baby is not born alive" [p.73]

"In such cases, decisions could be made not to perform extraordinary interventions aimed at prolonging life, but to provide comfort care aimed at promoting comfort and minimizing the baby's distress." [p.74]

"Some participants in this Review described having very good support from their neonatal and paediatric colleagues in managing comfort care for babies born alive following a termination of pregnancy, describing their role as being essential." [p.74]

"Another stated that from their perspective, neonatologists were differentiating in whether to provide comfort care to babies who were born as a result of termination and those born prematurely but who were not being given life sustaining treatment." [p.74]

"Staff with whom the Chair met spoke with pride about how well their bereavement support midwives, chaplains and other staff provided sympathetic care to parents going through bereavement irrespective of whether the death of the foetus or baby had been brought about by termination of pregnancy." [p.76]

These quotations hardly need any comment. They show very clearly that abortion is all about killing babies, not biological units. The mothers grieve over their loss and need emotional support. To its credit, the Review actually commends the HSE for providing a bereavement service. It is a tacit acknowledgement of the fact that a baby died.

It is extraordinary that, in the quote from p.24, there is direct reference to the "legal rights of babies" who survive a termination of pregnancy! Seemingly the babies had no "legal rights" before the attempt to kill them, but somehow acquired them when the attempt failed.

There is a great deal more in the Review that merits critical comment but there is only so much we can cover in this paper. Here are just a few examples:

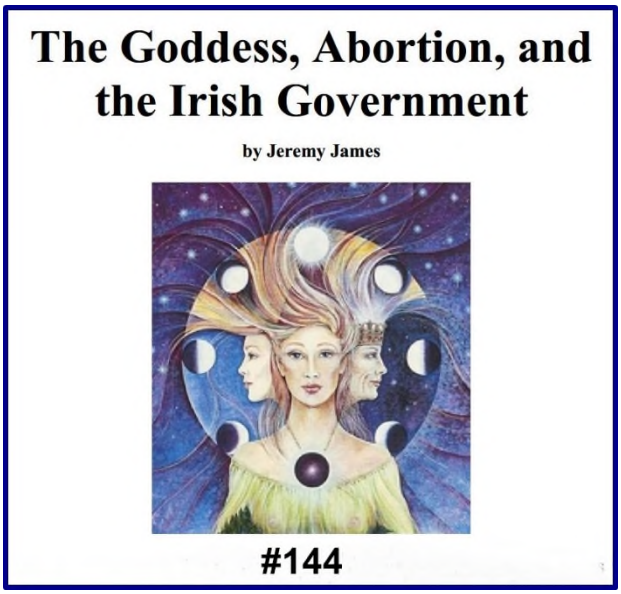
1. Doctors, nurses and midwives can withhold their services as "conscientious objectors" but other staff in the workplace may not. Staff in support services, for example, are legally obliged to continue providing those services to or in respect of a mother who is admitted for a "termination of pregnancy."

2. GPs who do not offer abortion services are obliged by law to refer a patient to someone who does. By doing so they are implicated in the abortion process against their will.

3. Persons who assemble in public near an abortion facility are portrayed as unwanted nuisances whose presence is usually construed by the media and others as intimidating or coercive. The government is considering ways to silence those who want to speak out on behalf of the unborn. By doing so they are opposing God's Word:

   "If thou forbear to deliver them that are drawn unto death, and those that are ready to be slain; If thou sayest, Behold, we knew it not; doth not he that pondereth the heart consider it? and he that keepeth thy soul, doth not he know it? and shall not he render to every man according to his works?"
   (Proverbs 24:11-12)

4. The family is forgotten in the Review. The father of the child has no rights, no say, and no presence. The child's brothers and sisters are never acknowledged. The Review replaces the family with "personal reproductive autonomy," a term favored by radical feminists to denote the absolute right of the mother to decide whether or not her unborn child should live or die. This is post-Christian, Marxist terminology, a lurid example of the way pagans and atheists dismiss and trivialize Biblical values.



CONCLUSION

We have addressed in detail in previous papers the importance of abortion in paganism. It is seen by many women as a way of both venerating the goddess and awakening one's 'divine' nature. This pagan lie, which is the basis of witchcraft, is now being exploited by Marxists and radical feminists to destroy Western society:

"...shall I give my firstborn for my transgression,
the fruit of my body for the sin of my soul?"
(Micah 6:7)

The Irish government presumes to have the authority to make a law to terminate life, to overthrow the traditional Christian morality of this country and replace it with the values espoused by psychopaths like Lenin and Soros:

"Shall the throne of iniquity have fellowship with
thee, which frameth mischief by a law? They gather
themselves together against the soul of the
righteous, and condemn the innocent blood."
(Psalm 94:20-21)

Whether they admit it or not, all governments are pursuing policies rooted in neo-Marxist values and goals. They are intensely anti-family and are using abortion as a weapon to weaken society and attack Christian morality.

The Irish electorate have the government they deserve and will reap in due course the "reward" they have earned:

"For the day of the LORD is near upon all the heathen:
as thou hast done, it shall be done unto thee:
thy reward shall return upon thine own head."
(Obadiah 1:15)

They have allowed themselves to be duped by the powers of darkness. They separated themselves from God on 25 May 2018 and went their own way. Little do they realize that in their hour of need, when they cry for help, He will not hear them:

> **"...your iniquities have separated between you and your God, and your sins have hid his face from you, that he will not hear. For your hands are defiled with blood, and your fingers with iniquity; your lips have spoken lies, your tongue hath muttered perverseness. None calleth for justice, nor any pleadeth for truth: they trust in vanity, and speak lies..."**
>
> **– Isaiah 59:2-4**

Jeremy James
Ireland
August 31, 2023

- SPECIAL REQUEST –

Time is running out...

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APPENDIX A

Section of the Review relating to Foeticide

Section 10.2: Foeticide

In cases of termination of pregnancy, death may occur before delivery due to the administration of foeticide (a medical procedure to cease the foetal heartbeat so that the baby is not born alive). The Royal College of Obstetricians and Gynaecologists recommends foeticide for terminations over 21 weeks plus six days, with the only exception to this rule being when the fetal abnormality itself is so severe as to make neonatal death inevitable irrespective of the gestation at delivery41. It recommends that foeticide should be discussed with parents.

Research into the attitudes to foeticide by professionals and by parents, referred to in the Royal College of Obstetricians and Gynaecologists working group report, showed that many find the procedure stressful, but that most agree that foeticide will prevent parents and labour ward staff from facing the agony of neonatal distress and pain42. Views obtained during the course of this review confirmed that staff who witness the procedure do find it psychologically difficult.

Some participants also stated that foeticide can be perceived as the only option if appropriate palliative care is not going to be provided by neonatologists or paediatricians. A lack of supportive management and peers can add to the psychological burden.

Foeticide should only be provided by a medical practitioner who has the requisite competence. A fetal medicine specialist with whom the Chair met during the course of this Review informed at the commencement of the Act, in January 2019, medical practitioners did not feel comfortable conducting this procedure as for many their last experiences of having done so would have been during training in another jurisdiction. Upskilling was required involving performing the procedure under supervision. Foeticide became an option in Ireland in June 2019. One medical practitioner described having to bring their patient to London for the procedure prior to it becoming available here.

Foeticide is currently provided at three maternity hospitals. Patients may be referred from other hospitals to undergo the procedure. This may involve travelling a considerable distance particularly in circumstances where the termination of pregnancy is taking place at the referring unit. This can add to her and the family's distress. However, as foeticide is a subspecialty requiring the medical practitioner involved to have a sufficient caseload to maintain the skill, it would be important that increasing access would not inadvertently cause practitioners to deskill.

The issue of whether pain relief is desirable for the foetus undergoing foeticide has been raised in the Dáil and in the Seanad. As the Chair is not a medical practitioner, this issue is not within her field of competence. However, the opinions of two fetal medicine specialists and one obstetrician were ascertained as part of the Review and their views were that the administration of pain relief was not required.

APPENDIX B

Occurrences of the words "baby" or "babies" in the Review report

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Palliative care (the provision of comfort care to babies born alive after termination of pregnancy): [p.10]

In Ireland the palliative care pathway is well developed for babies who are born pre-viable or in a condition where they are expected to die shortly after birth and extraordinary life supporting measures are not deemed appropriate. [p.11]

...as regards appropriate testing and interpretation of test results, and to counsel parents on the associated outcomes, enabling them to get a better understanding of what special needs the baby will have and the risk of recurrence of the condition in future pregnancies. [p.10]

In the main, the service is appreciated by parents who have suffered the loss of their pregnancy or baby. [p.11]

Where the termination has occurred on the grounds of risk to life or health of the pregnant woman, babies born at a viable stage of gestation are provided with life-support. [p.11]

diagnose and provide follow-up care to babies born unwell where nothing was suspected during pregnancy and to babies where an anomaly was detected but could not be diagnosed prior to birth... [p.23]

...where it is acknowledged that their baby's health will be severely compromised and its length of life will be very short (possibly less than 28 days), but cannot be definitively determined to satisfy the legal criteria. [p.22]

The HSE, in collaboration with relevant stakeholders, including the RCPI, should develop specific guidelines for comfort (hospice) care for the short duration of the life of babies who survive birth following a termination of pregnancy. The guidelines should be informed by the multiple stakeholders, including neonatologists, paediatricians, nurses, midwives, foetal medicine specialists and obstetricians, and, if required by lawyers who would be able to clarify the legal rights of the babies, if this were an issue, and by ethicists. [p.24]

…there was fear that the foetus/baby in question could be "an outlier" in the sense that it could, contrary to all expectations, live for a short period beyond 28 days. [p.62]

It is also possible that some terminations occur where the baby could have been "an outlier" and lived for a short period beyond 28 days [p.63]

"…and that the hospital could not facilitate a termination for medical reasons (TFMR) despite the medical experts being very clear that my baby would be unlikely to survive." Author A [p.63]

This enables clear advice to be provided on what special needs the baby will have, what supports are available, what interventions might be provided in utero or after being born, and the risk of recurrence of the condition in future pregnancies. [p.69]

The Chair learned of another woman who had for unexplained reasons multiple pregnancies that had resulted in babies dying shortly after birth. [p.70]

She was advised that the baby would not live long after being born, but as the duration of life could not be determined with sufficient clarity to satisfy *section 11*, if she chose to terminate the pregnancy, she would have to travel to England. [p.70]

On that occasion, the woman continued the pregnancy and her baby died one hour after being born. Being able to understand the condition of the baby and being able to come to terms with it and experiencing palliative care was influential on her decision to continue the pregnancy.
[p.70]

and care of pregnancies affected by fetal anomalies and includes *inter alia* follow-up clinics for babies born with a diagnosed genetic condition, babies born without a diagnosed genetic conditions, babies who are unwell but where nothing was suspected during pregnancy; [p.70]

Two medical practitioners highlighted an urgent need for nationally agreed guidelines for screening, investigation of recurrent miscarriages, deaths of babies in utero or shortly after being born, [p.70]

This causes additional distress on top of the existing trauma caused by learning of their baby's likely prognosis and outcome. [p.71]

decisions regarding what to do with the baby's remains, whether to repatriate them, and if so the method of repatriation (by courier or personal collection at a later date) or have them cremated at the providing medical unit. [p.72]

"But part of the follow-through (for us) was honouring and respecting (our baby's) legacy and getting genetic testing done and making sure that there was nothing else that we could have foreseen ..... you have all of the issues of how do you access a post-mortem, how do you access tissue sampling to bring home for genetic testing. How do you bring your baby's remains home, how do you get there and back? ..... And we decided to bring (our baby's) remains home with us, we had a conversation at the 11th hour, ... So we were in frickin' Halfords buying a plug in fridge for the care to have the baby's remains cold on the way home, just stuff you should never have to do. But there's just no system, or if we'd been able to access a termination in a hospital there's a system organized for how the baby's remains are managed. But there isn't for this situation. And because .... We didn't want to leave (them) behind, we didn't want to go down the cremation route. But there's nothing more horrifically surreal than being in Halfords buying a plug-in fridge for your car while your baby is kicking in your belly. Because (they were) kicking away and it was just insanely horrific". [p.72]

"The nurse (when booking me in to the clinic in England) asked if we wanted to bring the baby home. And I had read up just a tiny bit before we left in their online booklet about it, but I guess with everything else that was going on we really didn't have time to think about it and that's something else then that you have to organize. You have to organize, like she said that we would, it would be put in a container and we would have to put it in our check-in bags which we didn't have. But I would have checked in a bag but then I was like, "what do we do then?". Like do we have to call a funeral director?" We had to leave our baby in England and that's closure that we will never get ... and we will never be able to bury our baby because our baby is in England (upset) ... Yeah, that is something that, as well that I wish we could have spoken about. Again, I don't know if (staff at the hospital) know these things..." [p.73]

Section 10.1: Palliative (perinatal hospice) care for babies born alive [p.73]

Palliative (perinatal hospice) care is regarded as being essential to provide comfort to babies born alive [p.73]

In circumstances where there is a prospect of the baby being born alive, birth without prior foeticide may be the parent's preferred option, even though it may have been recommended. The incidence of this occurring in Irish hospitals is not known to the Chair. [p.73]

a medical procedure to cease the foetal heartbeat so that the baby is not born alive [p.73]

The provision of comfort care for babies is only one element of perinatal palliative care. [p.74]

In such cases, decisions could be made not to perform extraordinary interventions aimed at prolonging life, but to provide comfort care aimed at promoting comfort and minimizing the baby's distress. [p.74]

The care pathway encompasses a compassionate approach involving anticipatory bereavement care, planning of labour and delivery, postnatal care for the mother and care of the baby. [p.74]

Some participants in this Review described having very good support from their neonatal and paediatric colleagues in managing comfort care for babies born alive following a termination of pregnancy, describing their role as being essential. [p.74]

One of the consultants who participated in the Review stated that the refusal of neonatologists to provide palliative care had led to colleagues feeling under pressure to advise administration of foeticide in cases where they may have deemed it unnecessary were the neonatologists prepared to provide the necessary comfort care to the surviving baby. Another stated that from their perspective, neonatologists were differentiating in whether to provide comfort care to babies who were born as a result of termination and those born prematurely but who were not being given life sustaining treatment. [p.74]

The chapter addresses the challenging legal and ethical issues specific to perinatal palliative care and provides a framework to guide MDTs in providing high quality, holistic care to babies and families from diagnosis through to birth and bereavement. [p.75]

Staff with whom the Chair met spoke with pride about how well their bereavement support midwives, chaplains and other staff provided sympathetic care to parents going through bereavement irrespective of whether the death of the foetus or baby had been brought about by termination of pregnancy. [p.76]

One respondent Karla, who qualified for care in Ireland at 25 weeks gestation depicted her care pathway as a collaborative process, and described how well the hospital had facilitated her and her partner spending time with their baby and having a memorial service, which both herself and her partner were very grateful for. She said, *"When we had [James], it was in the evening and my husband's family ..... were able to travel to see the baby as well and so they, yeah (the hospital) allowed them to come and visit us even though it wasn't the right time for visiting hours. That was really nice because it was quite late into the night by the time they arrived. But it was really nice that [baby] stayed in our room and they could see, and you know pick him up ..."* [p.76]

The location of the hospital service emerged a major issue and the research concluded that the location of services within maternity settings could be disconcerting for some who encountered pregnant women and their babies [p.79]

The only option available to the medical practitioner is to direct the woman to non-directive counselling or discussion about options of continuing pregnancy with threat of harm to baby or travel abroad. [p.91]

Whether woman underwent termination at the tertiary referral centre, and if so, the reason for doing so (for example, clinically advised for her care and/or that of live born baby, or otherwise, for example, refusal of referring hospital to provide)... [p.119]